

Virginia S. Wallace
Professor Emerita

Vonda M. Wallace
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) 09/509945

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875) B

SERIAL NO. FILING DATE

APPLICANT(S) 09/509945

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8	6	6		
9	6	6		
10	6	6		
11				
12				
13			/	
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24			3	
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49				
50				
TOTAL IND.	5	1	1	1
TOTAL DEP.	5	1	1	1
TOTAL CLAIMS	5	1	1	1

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.	5	1	1	1				
TOTAL DEP.	5	1	1	1				
TOTAL	5	1	1	1				
CLAIMS	5	1	1	1				